



## Health History Questionnaire

(All information on this form is kept confidential within the guidelines of HIPAA and FERPA)

Athlete Birth Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sport(s): \_\_\_\_\_ Grade: FR SO JR SR (not required for MS)

Parent or Legal Representative Name(s): \_\_\_\_\_

Parent or Legal Representative Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Please answer all questions below. Attach an additional piece of paper or any information that may medically be important.

Please circle if you have or have had any of the following conditions:

- |                   |              |                  |                    |                     |          |
|-------------------|--------------|------------------|--------------------|---------------------|----------|
| Diabetes          | Heart Murmur | General Surgery  | Dizziness/Fainting | Eyeglasses/Contacts | Epilepsy |
| Asthma            | Concussion   | Hearing Loss     | Frequent Headaches | High Blood Pressure | COVID-19 |
| Irregular Periods | ADHD/ADD     | Heat Intolerance | Orthopedic Surgery | Depression          | Anxiety  |

Have you been advised by a medical doctor NOT to participate in sports? If yes, list date and physician information. Please specify reasoning.

\_\_\_\_\_  
\_\_\_\_\_

Any notes or dates regarding conditions above. Please consider any special considerations that may be required and/or medical treatment:

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies (include environmental, food, and drug): \_\_\_\_\_

\_\_\_\_\_

Orthopedic Injury History:

Any history of orthopedic surgery? If yes, explain \_\_\_\_\_

\_\_\_\_\_

Has your athlete sustained any broken bones? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

This document is not valid unless the signature page is completed. Please see reverse side or attached document to complete the form.



Please circle any extremity that has been injured in the past (sprains, strains, avulsions, etc.). Do not include lacerations or cuts. Please make specific notes for injuries that have happened within the last year (two years for incoming freshman).

Head/Face    Neck/Spine    Shoulder/Elbow/Forearm/Hand    Chest/Abdomen Back/Lumbar Spine

Thigh/Hip    Knee/Lower Leg    Ankle/Foot

Please explain above injuries (include the year and diagnosis): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRINTED Legal Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_